## Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_

SYSTEM FOR WOUND CLOSURE, the specification of which

SISIDI	AT T.	OR WOOLD CLOSES	
(check	х	is attached hereto.	
one)	-	was filed on	as Application Serial No.
	L	and (if applicable) was amended on:	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority (	Priority Claimed	
(Number) (Country). (Day Month Year Filed)	YES	NO	
(Country) (Day Month: Year Riled)	YES	NO	
(Country) (Day Month Year Filed)	YES	NO	
(Number) (Country) (Day: Month: Year Filed)	YES	NO	
(Number) (Country) (Day-Month Year Filed)	YES	NO	
(Number) (Day, Month Year, Filed)	YES	NO	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Annication Serial No.	Gilme Date)	(Status-patented:pending abandoned):
ин (Аррисаноп-Sегіан почуда	E 1/254 cross (Assistance of Assistance of Contract of Assistance of Contract of Assistance of Contract of Assistance of Contract of Contr	
(Application Serial No.)	(Filing Date)	In (Status patented pending abandoned)

		The same of the sa
)	- 6 110(a) of any United Stat	resovisional application(s) listed
hereby claim the benefit under Title , United States Cod	e, § 119(e) of any Omice State	es provisional apparation (-)
below:		FILING DATE
PROVISIONAL APPLICATION NUMBER		-
06/166,338	<u>_</u>	November 19, 1999
POWER OF ATTORNEY: As a named inventor, I hereby a substitution, association, and revocation, to prosecute this a Office connected herewith.	application and to transact and	s, and/or agents with full power of business in the Patent and Trademark
CUSTOM	ER NUMBER 23413	
ADDRESS ALL CORRESPONDENCE TO:		DIRECT ALL TELEPHONE CALLS TO
CANTOR COLBURN LLP		Michael A. Cantor
55 Griffin Road South		Philmore H. Colburn II
Bloomfield, CT 06002, USA		(860) 286-2929 Facsimile (860) 286-0115
I hereby further declare that all statements made herein of		
statements and the like so made are punishable by line of States Code and that such willful false statements may jeog Rull Name of Sole of First Inventor.	pardize the validity of the appli	Date 19 (4/3)
Jude S. Sauer	<u> </u>	
Residence	Citizensh	ip in the second se
451 West Bloomfield Road, Pittsford, NY 14534	USA	(2) - (2) - (3) -
Post Office Address		
The second secon	And the state of t	
spull Name of Second-Joint Inventor, if Any	njor (s Signature	Date
TOTAL ARTICOLS OF THE PROPERTY	in I ham	11-19-00
John F. Hammond	Citizensi	
Residence	AND REAL PROPERTY OF THE PROPE	
1900 County Road 28, Canandaigua, NY 14424	USA	THE RESERVE OF THE PROPERTY SHOWS CONTRACTOR OF THE PROPERTY O
Post Office Address		
STATE THE STATE OF ST		
Full-Name of Third Joint Inventor HE Any	ntor's Signature	Date
EIDHNAME: OF THIS CONTROL OF THE PROPERTY OF T	The state of the s	SECTION DECIDE
Leading to the state of the sta	Citizens	
Residence		##REPART   FOR STATE   FOR STA
	Service Servic	
Post Office Address		
Designation (SC) of the season		
Full Name of Fourth Toint Inventor, 4f Any	entor's Signature	Date -
HUINAME OF FOURTH DOMESTIVE TO STATE OF THE	Destruction of the Commission	(CO)

Full Name of Fifth Joint Inventor, if Any	Date
Residence	Citizenship
Post Office Address	
Full Name of Sixth Joint Inventor, If Any January Javentor's Signature	Date.
Residence-	Citizenship
Post Office Address	